



COMMUNITY DEVELOPMENT AGENCY

ENVIRONMENTAL MANAGEMENT DIVISION

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:

2850 Fairlane Court
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Rd.
South Lake Tahoe, CA 96150
(530) 573-3450
(530) 542-3364 Fax

December 21, 2018

Sierra at Tahoe Main Lodge
1111 Sierra at Tahoe Rd.
Twin Bridges, CA 96535

RE: SIERA AT TAHOE MAIN LODGE WATER SYSTEM -- PWS NO. 0900659
CITATION NO. 01_39_18C_022
TOTAL COLIFORM RULE MAXIMUM CONTAMINANT LEVEL – FEBRUARY 2018

Enclosed is the County of El Dorado, Environmental Management Local Primacy Agency Citation No. 01_39_18C_022 issued to the Sierra at Tahoe Main Lodge Water System. Please note there are certain deadlines associated with this Citation.

Any person who is aggrieved by a citation issued by the El Dorado County LPA may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the El Dorado County LPA mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions, please contact Jeffrey Warren at (530) 621-7628 or by email jeffrey.warren@edcgov.us, or Karen Bender at (530) 573-3453 or by email karen.bender@edcgov.us.

Sincerely,

Jeffrey Warren, REHS
Environmental Health Program Manager

Cc: Ali Rezvani, PE
Enc.

**EL DORADO COUNTY
COMMUNITY DEVELOPMENT SERVICES
ENVIRONMENTAL MANAGEMENT DEPARTMENT**

IN RE: Sierra at Tahoe Main Lodge
Water System ID - 0900659

ATTN: Andrew Bray, Director of Base
1111 Sierra at Tahoe Road
Twin Bridges, CA 96535



CITATION NO. 01_39_18C_022

VIOLATION OF MAXIMUM CONTAMINANT LEVELS

FOR TOTAL COLIFORM BACTERIA

TITLE 22, CALIFORNIA CODE OF REGULATIONS, SECTION i.e. 64426.1(b)(2)

ISSUED ON December 21, 2018

Section 116650 of the California Health and Safety Code (hereinafter "CHSC") authorizes the issuance of a citation to a public water system for failure to comply with a requirement of the California Safe Drinking Water Act, California Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270 (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The County of El Dorado Community Development Services, Environmental Management Department (hereinafter "Department"), hereby issues a citation to the **Sierra at Tahoe Main Lodge** (hereinafter "Water System") for violation of Title 22 of the California Code of Regulations ("CCR"), Section i.e. 64426.1(b)(2).

APPLICABLE AUTHORITIES

CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116271 (k)(2) states:

(k)(2) The deputy director is delegated the State Water Resources Control Board's authority to provide notice, approve notice content, approve emergency notification plans, and take other action pursuant to Article 5 (commencing with Section 116450), to issue, renew, reissue, revise, amend, or deny any public water system permits pursuant to Article 7 (commencing with Section 116525), to suspend or revoke any public water system permit pursuant to Article 8 (commencing with Section 116625) and to issue citations, assess penalties, or issue orders pursuant to Article 9 (commencing with Section 116650).

CHSC, Division 104, Part 12, Chapter 4, Article 1, Section 116275 (b) & (ab) states:

(b) "Department" means the state board.

(ab) "State board" means the State Water Resources Control Board.

CHSC Division 104, Part 12, Chapter 4, Article 9, Section 116650 states:

(a) If the department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

(e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

Local Primacy Delegation Agreement, Section 1.02. The Department hereby delegates to the County all authority granted to it under the California Safe Drinking Water Act (CHSC 116270) for regulation of small public water systems.

Title 22, California Code of Regulations, Section 64423 (a)(2) and (c) states:

(a) Each water supplier shall collect routine bacteriological water samples follows:

(3) The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating.

Table 64423-A

Minimum Number of Routine Total Coliform Samples

(Table shown in part only)

<i>Monthly Population Served</i>	<i>Service Connections</i>	<i>Minimum Number of Samples</i>
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month

(c) If any routine, repeat, or replacement sample is total coliform-positive, then

The water supplier shall collect repeat samples in accordance with Section 64424 and comply with the reporting requirements specified in Sections 664426 and 64426.1.

Title 22, California Code of Regulations, Section 64424 (a) through (d) states in relevant part:

(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board Allow the collection of the repeat sample set over a four-day period.

(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

(c) If one or more samples in the repeat sample set if total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier

stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative.

Title 22, California Code of Regulations, Section 64426.1 (a) through (c) states in relevant part:

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the State Board or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in section 64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

- (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
- (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
- (3) Any repeat sample is fecal coliform-positive or E.coli-positive; or
- (4) Any repeat sample following a fecal coliform-positive or E.coli-positive routine sample is total coliform-positive.

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall also notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

STATEMENT OF FACTS

The Water System is operated under Water Supply Permit No. 0900659, issued on December 17, 2014.

The Water System is a nontransient-noncommunity water system serving a ski resort that services the Main Lodge, Upper Shop and Administration building. The Water System source of supply is groundwater supplied by two wells.

Title 22, CCR, Section 64423(a)(2) specifies that a nontransient-noncommunity water system using groundwater shall take the minimum number of samples based on the known population served as shown in Table 64423-A.

Two routine samples collected on 2/1/2018 tested positive for total coliform bacteria, and one out of four repeat samples collected on 2/2/2018 tested positive for total coliform bacteria. The water system conducted an investigation, found the problem, and then chlorinated and flushed the water system on 2/2/2018. Additional repeat samples were collected on 2/15/2018. All previously positive samples taken in

February 2018 subsequently tested negative for bacteria. Four routine samples in March 2018 tested negative for bacteria.

DETERMINATION

Based on the above, the Department has determined that the Water System violated Title 22 CCR Section 64426.1(b)(2) which specifies that a public water system is in violation of the total coliform MCL if more than one sample collected during any month is total coliform-positive. The results of the sample analysis for the Water System indicated that more than one sample collected during the month of February 2018 was total coliform positive.

DIRECTIVES

The Water System is hereby directed to take the following actions:

- 1. In accordance with Title 22 CCR Section 64426(b)(2) and the Federal Revised Total Coliform Rule, submit a copy of a Level 1 assessment no later than January 25, 2019.**
- 2. By January 25, 2019, notify all persons served by the Water System of the February 2018 total coliform MCL violation in conformance with Title 22 CCR Sections 64426.1(c) and 64463.4.**
- 3. Complete and return a “*Certification of Completion of Public Notification*” form to the Department by January 25, 2019.**
- 4. By January 25, 2019, the Water System shall submit a written response to the Department indicating its willingness to comply with directives of this Citation.**

The Department reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation, and shall be deemed effective upon issuance.

Nothing in this Citation relieves Water System of its obligation to meet the requirements of the California SDWA, or of any regulation, permit, standard, or order issued or adopted thereunder.

All submittals required by this Citation shall be submitted to the Department at the following address:

Jeffrey Warren, REHS
Environmental Management Programs Manager
El Dorado County
Community Development Services
Environmental Management Department
2850 Fairlane Court, Bldg C
Placerville, CA 95667
(530) 621-7628

PARTIES BOUND

This Citation shall apply to and be binding upon the Water System, its officers, directors, shareholders, agents, employees, contractors, successors, and assignees.

SEVERABILITY

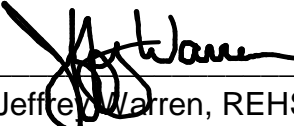
The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the Department to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the Department to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the Department; and to petition the Superior Court to take various enforcement measures against a public water system that has failed to comply with or violates an order of the Department. The Department does not waive any further enforcement action by issuance of this citation.

12/21/2018

Date



Jeffrey Warren, REHS
Environmental Management Programs
Manager
El Dorado County
Community Development Services
Environmental Management Department

Attachments:

Level 1 assessment form
Public notification for Resolved Total Coliform Notice
Certification of public notification

cc: Ali R. Rezvani, P.E.
Sacramento District Engineer
Division of Drinking Water
State Water Resources Control Board

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT

Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: 0900659 System Type: Groundwater	Name of Water System: Sierra at Tahoe Main Lodge	System Address & Email: 1111 Sierra at Tahoe Rd. twalker@sierraattahoe.com	Telephone Number: 530-543-3149
Operator in Responsible Charge (ORC)	Tom Walker		
Person that collected TC samples if different than ORC			
System Owner Sierra at Tahoe, Inc.			
Certified Laboratory for Microbiological Analyses	STPUD		
Date Investigation Completed: February 2, 2018			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
	Large/West #1	Small/East #2			
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. How often do you take a raw water total coliform (TC) test?					
j. Provide the date and result of the last TC test at this location					

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?					
9. What is the volume of the storage tank in gallons?					
10. Is the tank baffled?					
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder broken and the tank water logged?					
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?				
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

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GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

Deficiency #	Deficiency Description
1.	
2.	
3.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

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CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: _____ **TITLE:** _____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper
		Posting ^(b) in public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- “We have increased sampling for coliform bacteria to catch the problem early if it recurs.”
- “The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria.”

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64469(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Sierra at Tahoe Main Lodge Water System Had Levels of Coliform Bacteria Above the Drinking Water Standard in February 2018

Our water system violated a drinking water standard in February 2018. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 12 samples to test for the presence of coliform bacteria during February 2018. Three (3) of our samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

We investigated the problem on February 2, 2018 and found there was a problem with one of the pipes. We fixed the problem, chlorinated the lines and took additional repeat samples. All of the bacteria was cleared from the water system.

For more information, please contact Drew Bray at 530-543-3129.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Sierra at Tahoe Main Lodge water system.

State Water System ID#: 0900659. Date distributed: _____.

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form when completed and returned to the County of El Dorado, Environmental Management Division, Community Development Agency serves as certification that public notification to water users was completed as required by the State Water Resources Control Board (as required per Title 22 of the California Code of Regulations). Failure to do so may result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name: **SIERRA AT TAHOE**

Public Water System Number: **0900659**

Public notification for the February 2018 MCL failure was performed by the following method(s):

Check and complete all that apply:

- A) ☐ By posting of the approved notice in conspicuous locations served by the water system.
- B) ☐ Distributing notice by using one or more of the following methods to reach persons not likely to be reached by public posting: Email message or direct delivery.
- C) ☐ Publication in a local newspaper.
- D) ☐ Posting on the internet.

Provide the date (or dates) that the notice was posted/distributed _____

I hereby certify that the above information is factual.

Printed Name

Signature

Date

Return form to: County of El Dorado, Community Development Agency
Environmental Management Division
924 Emerald Bay Rd.
South Lake Tahoe, CA 96150
Email: emd.info@edcgov.us
FAX 530-542-3364